

CHECKLIST FOR:

Variance Request Form

Lake County Wastewater Treatment System

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will

be notified within 5 working days if any key elements are missing. Be reminded that additional information may be required as the request goes through the review process. Examples include but are not limited to: easement, deed restriction, shared user agreement, property line staking, etc.

Submit this checklist, application, and fee to:

Lake County Environmental Health Phone: 406-883-7236 106 Fourth Avenue East Fax: 406-883-7205

Polson, MT 59860 Email: envhealth@lakemt.gov

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Please check that you have completed the following:							
	Check payable to Lake County Environmental Health Department (L.C.E.H) for \$500.00						
	Property owner information						
	Wastewater Treatment System Designer/Licensed Installer contact information						
	If agent signs the application for owner, include the Agent Certification Form						
	Property legal description						
	Location map or directions to assist staff in finding the property						
	Description of Variance Request						
	Floor plan for each level of each structure with living quarters – Label rooms, e.g. bedroom, kitchen						
	A lot layout of the property for which the variance	ce is requested. The layout must include:					
	\square Scale – for example 1 inch = 2 feet	☐ North directional arrow					
	☐ Property lines and easements	☐ <u>All</u> existing & proposed structures					
	☐ Driveways & parking areas, utility lines	☐ Direction of the slope of the property					
	\square Existing and proposed sewage disposal facilities	es					
	☐ Existing or proposed wells and/or domestic water sources within 100 feet of the property lines						
	☐ All streams, lakes, springs, ponds, wetlands, irrigation ditches and/or other surface water sources on the property and within 100' of property lines						
Wastewater Treatment System Design, in compliance with DEQ Circular 4 – Montana Standards for Subsurface Wastewater Treatment Systems, that includes the following:							
	☐ Soil profile information	\square Percolation test results, if required					
	$\hfill \square$ Ground water monitoring results, if required	☐ Design Flow					
	☐ Sewer line specifications	☐ Septic tank/risers/effluent filter specifications					
	\square Effluent distribution system						
	\square Dosing and Pressure Distribution specifications						
	\square Soil absorption system including application rate						
	□ Compliance with MCA 75-5 Montana Water Quality Act, including but not limited to non-significance determination, background nitrate test, well pump test, or well triangulation						



LAKE COUNTY WASTEWATER TREATMENT SYSTEM VARIANCE REQUEST

CHECK #	REQUEST DATE:

PH:

FAX:

EMAIL:

406-883-7236

406-883-7205

envhealth@lakemt.gov

LAKE COUNTY ENVIRONMENTAL HEALTH **106 FOURTH AVENUE EAST POLSON, MT 59860**

Return the completed request form to the above address. Remit \$500.00 fee with request. Checks must be made payable to L.C.E.H. In order to accommodate any required legal notices and/or preparation of a staff report, applications must be received a minimum of 30 days prior to the scheduled Board of Health meeting date unless otherwise approved by the Lake County Environmental Health Department.

Property Owner(s):		Phone:						
Mailing Address:		City: State/Zip:						
Property Address:		City: Emai		ail:				
Subdivision/COS:			Lot:		Block	Parcel Size	!	
Legal Description:			Sec	tion:	Township	o:N. Rang	ge:W.	
Geo Code: 15								
Wastewater System Designer:				Phone:				
Mailing Address:				_ City:		State/Zip:		
Licensed Installer:				Phone:				
Mailing Address:				_ City:		State/Zip:		
Wastewater System: (Cir	cle all that apply)	New	Replacemen	t	Failed	Altera	ation	
Structure(s): (Circle)	Single-Family	Multi-Family	Mobile Home	Com	mercial	Garage/Shop	Other	
Water System: (Circle)	Existing	Proposed	(Circle) Wel	l Lak	e Spring	Community V	Vater System	
Detailed Project Descrip	tion: (e.g. "Co	onstruction of a ne	ew 3-bedroom sing	gle-family	home with a	dry garage.")		
Location Information		-		•	-		mes,	
branch roads, distan	ce mile markers,	neighbors to the	north and south	, building	g colors/featu	ures, etc.		



LAKE COUNTY WASTEWATER TREATMENT SYSTEM VARIANCE REQUEST

The application must specifically and individually address the following variance criteria in a submittal to the Lake County Board of Health [ARM 17.36.922(2)]:

The local board of health may grant a variance from a requirement only if it finds that all of the following criteria are met:

- (a) granting the variance will not:
 - (i) contaminate any actual or potential drinking water supply
 - (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
 - (iii) cause a public health hazard by being accessible to persons or animals;
 - (iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;
 - (v) pollute or contaminate state waters, in violation of 75-5-605, MCA;
 - (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or
 - (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;
- (b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;
- (c) the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;
- (d) no alternatives that comply with the requirement are reasonably feasible; and
- (e) the variance requested is not more than the minimum needed to address the extraordinary conditions.

For wastewater treatment system variances, the applicant must provide soil profile information in the area of the proposed wastewater treatment system and any design specifications of the proposed wastewater treatment system. It is required that the lot layout and wastewater system design be prepared by a Montana licensed professional engineer or Montana Registered Sanitarian in private practice.

Additional information may be requested at the discretion of the Lake County Environmental Health Department or the Lake County Board of Health.

variance Request:	Provide separate page for each requested	i variance.	
-	the information submitted herein is true ar he described property for purposes of review		e. My signature also
Property Owner(s)	/Agent Signature(s):	Da	te:
If agent, written auth application can be properties.	orization from the owner and/or legal repre	sentative must be received by this depart	rtment before the

Please attach additional information that may support your application.